

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4	1					
5		1				
6		1				
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TOTAL IND.	2					
TOTAL DEP.	5					
TOTAL CLAIMS	7					

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	IND	DEP	IND	DEP	IND	DEP
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